

2020 NCVC Exhibitor Contract

Virtual Exhibit Hall • October 1-December 31, 2020



Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Phone: _____ Fax: _____
Email: _____

By signing this agreement, I understand that:

***If Paid by
Sept 1***

Virtual Exhibit Hall - Booth Only \$800 \$ _____

Virtual Exhibit Hall Booth & Sponsor of 6 hours of lectures \$2,500 \$ _____

Sponsor of individual 1 hour lecture \$300 each hour # _____ of hours \$ _____
(You must have a virtual exhibit hall booth in order to sponsor individual lectures. Only one sponsor per lecture.)

Total Virtual Fees: \$ _____

The company agrees to exhibit at the Virtual 2020 NCVC by paying the above fees and abiding with conference policies. The NCVC executive committee reserves the right to accept exhibitors on a discretionary basis according to the conference objectives. Upon receipt of a check or credit card number, a confirmation will be sent to you. If you cancel, a refund less a \$150 fee for administrative handling will be issued only upon written request; however, if you cancel within 30 days of the conference, no refund will be issued unless the space can be resold.

Signature: _____ Date: _____

❖ Virtual Booth Includes:

- ✓ A customized profile page in the Virtual Exhibit Hall featuring your company's logo, representative contact information links, video link, links to the company's website, product pages, show specials, and social media pages.
- ✓ Company name noted as exhibitor on the Virtual Exhibit Hall landing page and in all electronic conference promotions.
- ✓ Virtual Exhibit Hall will remain accessible to attendees through December 31, 2020.
- ✓ List of names and address information for all registrants.

Mail your check (made payable to NCVC) or credit card information to the address below. You may fax this form with your credit card information to (919) 851-5859.

NCVMA • 1611 Jones Franklin Rd., #108 • Raleigh, NC 27606 • Fax 919-851-5859
Questions? Call NCVMA at 919-851-5850 or email: ncvma96@ncvma.org.

AMEX Credit Card Number: _____
 Discover Card Expiration Date: _____ Security Code/CVV: _____
 MasterCard Name as it appears on card: _____
 VISA Billing Address: _____